

## **Questions and Responses from MACDDS Meeting June, 2004**

**As promised at the May, 2004 meeting, the Division is committed to answering questions in a public way from MACDDS or other organizations. These questions and responses will be posted on the DMH web site, [www.dmh.mo.gov](http://www.dmh.mo.gov)**

**1. Exchange of information between SB 40 Boards and DMH still needs to be resolved. Not all Boards are able to access the same information.**

**Response:** The Division has worked with the Department's HIPAA Privacy Officer and will begin work immediately on inserting additional language in the individual Intergovernmental Agreements with counties to provide for sharing of appropriate information, such as waiting lists. Kent Stalder will take the lead, with the assistance of the MACDDS Work Group, on finalizing this language and these agreements.

**2. What is the status of the TCM amendment regarding the subcontracting?**

**Response:** The Division of Mental Retardation and Developmental Disabilities recently prepared an amendment request for the MRDD Medicaid Targeted Case Management Program. The change proposed was the addition of language that would allow approved, not-for-profit entities to be qualified as Targeted Case Management (TCM) providers. The change must be approved by the federal Medicaid agency, the Centers for Medicare and Medicaid Services (CMS), before it can be implemented.

Although the Division can prepare amendment requests, these requests must be submitted to the Division of Medical Services (the Missouri Medicaid state agency) for their approval and forwarding to CMS for federal approval.

The Division was notified in early June that our amendment request to CMS on TCM will not be forwarded to CMS at this time. CMS has recently expressed concerns to many State Medicaid Agencies regarding the use of TCM programs. We have been informed that CMS is currently denying all TCM amendments submitted by State Medicaid agencies.

There are several Medicaid TCM programs currently operating in Missouri. The State Medicaid agency wants to resolve current TCM issues with CMS before forwarding any new TCM amendments to the federal agency. Unfortunately, neither the State Medicaid Agency nor the Division of MRDD are able to estimate when these issues are likely to be resolved.

**3. What about administrative casemanagement (50/50 match) or casemanagement as a waiver service?**

**Response:** Before CMS would approve the addition of administrative case management or case management as a waiver service, it is likely they would want to review our current case management system (TCM) to make sure there is no overlap. CMS has also been making inquiries around administrative case management regarding the way states have structured reimbursement and methodology around time studies and delaying approval of State requests. It is unlikely the State Medicaid Agency would be willing to put forward a State Plan to add administrative case management or to add case management as a waiver service at this time.

Administrative case management does have a lower rate of federal reimbursement, 50% versus 60% for TCM. Casemanagement as a waiver service is reimbursed at 60% FFP. However, it could only be billed for persons who are both Medicaid eligible and are participating in a waiver. That means we would not be able to bill Medicaid for those persons who are Medicaid eligible but are not in a waiver.

**4. Albany Regional Center consumers are receiving letters about their income tax refunds and the state is taking 40% of their refund. Why is this being done and is it being done statewide?**

**Response:** The Regional Center is following Reimbursement Instructional Memo 03-01 Assessing Income Tax Refunds that Include Tax Credits for Long Term Clients (January 8, 2003). This instruction applies to all Regional Centers and requires that income tax refunds be charged according to the working client formula in the Standard Means Test. We will make sure that the directive is applied consistently across the state.

**5. Consumers living in ISLs are not able to purchase cable TV with their SSA/SSI funds on the left side of the budget. They are being required to spend other earnings if they want cable TV. Why can't their benefits go towards cable TV?**

**Response:** Individuals may purchase basic cable TV if they have sufficient resources to support the cost. If consumer resources are not sufficient to support this expenditure, DMH funds can be authorized by the Regional Center to pay for basic cable TV if the expenditure is supported by the person's person centered plan.

**6. Do consumers at the habilitation centers have cable TV and who pays for it?**

**Response:** It appears that all persons living in habilitation centers have access to basic cable TV, as basic cable is paid for in the general living areas. They do NOT have cable on any televisions which may be in their individual rooms, unless it is paid for by other means.

**7. The Division has stated that providers are taking the \$212 or using the option #2 to negotiate a rate for consumers moving out of the**

**habilitation centers. How many rates are being negotiated by the rate review committee? How many decisions are pending?**

**Response:** The Division has approved 2 budget requests over \$212 and one request was submitted last week. It is pending. Both requests came from East District. These are the only rates above \$212 per day that have been forwarded to Central Office for Rate Review at this time.

**8. Contract provider staff that also work at the habilitation centers have indicated that only the most difficult habilitation center consumers are being referred out and consumers that could be served are not being referred. Why is this occurring?**

**Response:** This is not occurring. Consideration for referrals for community placement involves an equal opportunity for all residents.

In preparation for each resident's quarterly or annual plan meeting, or in response, at any time, to a request from a consumer and/or their parent/guardian, members of the interdisciplinary team that support the person will review whether or not that person could be safely supported in the community. Community options are expanding; some persons who in years past might not have had access to the range of necessary community services to support this option can be more hopeful of these services being available today.

Based on state appropriations and provider availability, these options can be explored with interested consumers and parents/guardians.

The individuals being referred to the community must have their guardian's or parent's consent to move into the community. Many consumers may continue to live on campus because their parent's or guardian's do not support their move into the community. The Division will continue to provide information demonstrating the benefits of living in the community, however, we must honor their wishes.

The Division is relying heavily on service providers, SB 40 Boards, and consumers in community placement who have experienced transition from the habilitation center to the community to help communicate to current habilitation center residents and their parents/guardians the benefits of community options.